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## BIB DATA SHEET

CONFIRMATION NO. 4811

<b>SERIAL NUMBER</b> 09/755,734	<b>FILING or 371(c) DATE</b> 01/04/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 0800-0009.05
<b>APPLICANTS</b> Gregory M. Podsakoff, Fullerton, CA; Gary J. Kurtzman, Menlo Park, CA; <i>Add: Barry J. Byrne</i> <i>Paul D. Kessler</i>				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/309,042 05/10/1999 PAT 6,211,163 which is a CON of 09/226,989 01/07/1999 ABN which is a CON of 08/588,355 01/18/1996 PAT 5,858,351				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 02/12/2001				
Foreign Priority claimed <input type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> ROBINS & PASTERNAK LLP 1731 EMBARCADERO ROAD. SUITE 230 PALO ALTO, CA 94303 UNITED STATES				
<b>TITLE</b> METHODS FOR DELIVERING DNA TO THE BLOODSTREAM USING RECOMBINANT ADENO-ASSOCIATED VIRUS VECTORS				
<b>FILING FEE RECEIVED</b> 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/309,042 05/10/1999 WHICH IS A CON OF 09/226,989 01/07/1999 WHICH IS A CON OF 08/588,355 01/18/1996 PAT 5,858,351				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 02/12/2001</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 12  <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 20855				
<b>TITLE</b> Methods for delivering DNA to the bloodstream using recombinant adeno-associated virus vectors				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	